Complete and send the						
JUL 2 5 2005	his form, together wit		or <u>Fa</u>	Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents ginia 22313-1450	
INSTRUCTIONS/This for appropriate. At further corrindicated of the corrected to mainline the results of the corrected to the	m should be used for tran respondence including the l below or directed otherwise is.	smitting the ISSU Patent, advance or in Block I, by (a	JE FEE and PUI ders and notifica) specifying a ne	BLICATION FEE (if requation of maintenance fees ew correspondence address	nired). Blocks I through 5 s will be mailed to the current c; and/or (b) indicating a sepa	chould be completed whe correspondence address arate "FEE ADDRESS" for
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6/2005 TBESHAH2 000000)50 10616116		•	Leigh A.		(Depositor's nam
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APPLICATION NO.	FILING DATE		FIRST NAMED IN		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,116	07/08/2003		Steven K. St	ringer	CVN-011 CON	5023
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	١	\$300	\$1000	09/02/2005
EXAM	INER	ART UN	IT	CLASS-SUBCLASS]	
BIANCO,	PATRICIA	3762		422-045000		
CFR 1.363). Change of correspond Address form PTO/SB/12	e address or indication of "Formula address" (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use	Correspondence	(1) the names or agents OR, (2) the name registered atto 2 registered p	g on the patent front page, is of up to 3 registered pate, alternatively, of a single firm (having as orney or agent) and the naisatent attorneys or agents. In the will be printed.	a member a 2 Luce,	A A. Pisano, E Forward, Hami Scripps LLP
2 ACCIONEE MANGE AND	RESIDENCE DATA TO B				nee is identified below, the	document has been filed t
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PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNATION Cardiovention Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of 5. Change in Entity Status	EE a, Inc. e assignee category or categorenclosed: small entity discount permitte f Copies	ries (will not be pr 4b ed) e) 37 CFR 1.27.	Santa C inted on the pate b. Payment of Fee A check in t Payment by The Director Deposit Accour b. Applicant din free (if any) d from anyone of	(CITY and STATE OR COLLEGE (S): the amount of the fee(s) is ecredit card. Form PTO-203 or is hereby authorized by at Number 50-2298 this no longer claiming SMA or to re-apply any previous ther than the applicant; a resulting the state of t	Corporation or other private granclosed. 88 is attached. charge the required fee(s), or (enclose an extra concluse an extra concluse and extra conclusions.	credit any overpayment, copy of this form). CFR 1.27(g)(2). ation identified above, the assignee or other party

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RADEMARR	Application Number	10/616,116							
TRANSMITTAL	Filing Date	07/08/2003							
FORM	First Named Inventor	Steven K. Stringer							
	Art Unit	3762							
(to be used for all correspondence after initial filing	Examiner Name	Bianco, Patricia							
Total Number of Pages in This Submission	Attorney Docket Number	CVN-011 CON							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Issue Fee Payment Part B- Fee(s) Transmittal Return Receipt Postcard							
	RE OF APPLICANT, ATTO	RNEY, OR AGENT							
Firm Name Luce, Forward, Hamilton & So	cripps LLP								
Signature Lew C	Prais								
Printed name Nicola A. Pisano	Printad nama								
Date July 22,	Date July 22, 2005 Reg. No. 34,408								
CER	TIFICATE OF TRANSMISSI	ON/MAILING							
		O or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on							

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Leigh A. Coleman

Typed or printed name

Date

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TATA TO	Under the Anerwork Reduction Act of 1995 no persons are required Effective on 12/08/2004. Effective on 12/08/2004. Effective on 12/08/2004.	
7	Ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481	8). Application Number

FEE TRANSMITTAI For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AN	OUNT (OF PAYMENT	(\$)	1,000.00
TOTAL AN	MOUNT (OF PAYMENT	(\$)	1,000.00

Complete if Known				
Application Number	10/616,116			
Filing Date	07/08/2003			
First Named Inventor	Stringer			
Examiner Name	Bianco, Patricia			
Art Unit	3762			
Attorney Docket No.	CVN-011 CON			

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
· · · · · · · · · · · · · · · · ·	Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
For the above-identif	ied deposit	account, the Direct	tor is hereb	y authorized to	o: (check all th	at apply)	
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		(s) or underpayme	nts of fee(s	Credi	t any overpay	ments	
under 37 CFR under 37 CFR			t card inforr				rovide credit card
Information and authorization	on PTO-2038						
FEE CALCULATION							
1. BASIC FILING, SEAR			FEES				
	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	-
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	-
2. EXCESS CLAIM FEE	s					- 4	Small Entity
<u>Fee Description</u> Each claim over 20 (i	naludina D	(aiaanaa)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each independent claim			100)			200	100
Multiple dependent cl		including reisse	us)			360	180
Total Claims	Extra Clair	ns <u>Fee (\$)</u>	Fee P	aid (\$)			ependent Claims
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Indep. Claims 3 or HP =	Extra Clair	<u>ns</u> <u>Fee (\$)</u> x	Fee Pa	<u> 310 (\$)</u>			
HP = highest number of indep	endent claims		an 3.				
3. APPLICATION SIZE I		1100 1				~· ·	
If the specification and							
listings under 37 CF						in enuty) for	each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing	surcharge	:): <u>Issue and Publicati</u>	on fee payme	nt			1,000.00

SUBMITTED BY	1	0	\sim			
Signature	luro	Eg a. 0	Tina	Registration No. 34,408	Telephone 85	8-720-6320
Name (Print/Type)	Nicola A. Pisan	10			Date July	22, 2005

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